



SALVADOR DAVIS & Co
NOTARIES PUBLIC

Will Instruction Questionnaire

A **Will** is a legal document where you explain what you want done with your “Estate” when you die. Your Estate consists of everything you own **but does not include** land or bank accounts that you own in joint tenancy with another person(s). If you die without a Will your Estate is distributed according to the *Estate Administration Act*, soon to be incorporated into the new ***Wills, Estates and Succession Act, SBC 2009, c.13***, which may not be in accordance with your wishes.

In order to assist us in the preparation of your Will we ask that you complete this form prior to making an appointment. This allows us to tailor our appointment to your particular circumstances. If you are unsure of particular sections of the form, or particular sections do not apply to your situation, leave them blank or make a note to discuss them during your appointment.

Date of Instructions: _____

Part 1 – Personal Information

Are these instructions for the preparation an identical Will for both you and your Spouse? yes no
If “Yes” only one of these forms needs to be completed.

1. Information About You

Full Legal Name: _____

Address: _____

Occupation: _____

Date of Birth: _____

Place of Birth: _____

Relationship Status: Single Married Common-Law Divorced Widowed

Citizenship: Canadian Other Registered Indian

Where will you keep your Will?: _____

Have you made pre-paid funeral arrangements? yes no

Do you wish to be: Cremated

Do you wish to be: Buried

Interred? _____ If so, where? _____

If so, where? _____

Contact Information:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

e-mail: _____

2. Information about your Marriage (if applicable)			
Your marriage is: <input type="checkbox"/> A legal marriage <input type="checkbox"/> A common law marriage			
Date of Marriage: _____ Place of Marriage: _____ Marriage agreement: <input type="checkbox"/> yes <input type="checkbox"/> no			
Previously Married?	<input type="checkbox"/> yes <input type="checkbox"/> no	Name of former spouse(s)?	
Separation agreement?	<input type="checkbox"/> yes <input type="checkbox"/> no	Do you have to pay maintenance to your children or former spouse?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have any family law proceedings taken place or been commenced? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you cohabiting with someone other than a spouse named above?	<input type="checkbox"/> yes <input type="checkbox"/> no	Cohabitation agreement?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ceased cohabiting with someone with whom you cohabited for 2 years or more?	<input type="checkbox"/> yes <input type="checkbox"/> no	Notes:	
3. Information about your Spouse (if applicable)			
Full Legal Name:			
Address:			
Occupation:			
Date of Birth:		Place of Birth:	
Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Other <input type="checkbox"/> Registered Indian			
Where will you keep your Will?:			
Have you made pre-paid funeral arrangements? <input type="checkbox"/> yes <input type="checkbox"/> no			
Do you wish to be: Cremated <input type="checkbox"/>		Do you wish to be: Buried <input type="checkbox"/>	
Interred? _____ If so, where? _____		If so, where? _____	
Contact Information:			
Home Phone: _____		Work Phone: _____	
Cell Phone: _____		e-mail: _____	
4. Information about your Children (if applicable)			
Full Legal Name	Birth date	Biological Parents	Reside with you?
		<input type="checkbox"/> Both <input type="checkbox"/> Yours <input type="checkbox"/> Spouse's	<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> Both <input type="checkbox"/> Yours <input type="checkbox"/> Spouse's	<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> Both <input type="checkbox"/> Yours <input type="checkbox"/> Spouse's	<input type="checkbox"/> yes <input type="checkbox"/> no

4. Information about your Children (if applicable) – <i>continued</i>			
Full Legal Name	Birth date	Biological Parents	Reside with you?
		<input type="checkbox"/> Both <input type="checkbox"/> Yours <input type="checkbox"/> Spouse's	<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> Both <input type="checkbox"/> Yours <input type="checkbox"/> Spouse's	<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> Both <input type="checkbox"/> Yours <input type="checkbox"/> Spouse's	<input type="checkbox"/> yes <input type="checkbox"/> no
5. Other			
Is there someone dependent upon you for financial support for whom you wish to provide, such as an elderly parent?			<input type="checkbox"/> yes <input type="checkbox"/> no
Are you now serving as the legal guardian for a person under age 19 (other than your own children)			<input type="checkbox"/> yes <input type="checkbox"/> no
Are you now serving as the committee or other legal guardian for a disabled or incapacitated adult?			<input type="checkbox"/> yes <input type="checkbox"/> no
Are you now serving as executor of an estate of someone who has died?			<input type="checkbox"/> yes <input type="checkbox"/> no
Have you been appointed as the executor for anyone who is still living?			<input type="checkbox"/> yes <input type="checkbox"/> no
Are you entitled to appoint someone to act in your place as executor if you died before this person?			<input type="checkbox"/> yes <input type="checkbox"/> no

Part 2 – Financial Information			
1. Real Estate			
Street address	Your name?	Spouse's name?	In joint names?
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Joint tenants <input type="checkbox"/> Tenants in common
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Joint tenants <input type="checkbox"/> Tenants in common
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Joint tenants <input type="checkbox"/> Tenants in common
2. Business Interests			
Interest in a proprietorship (unincorporated business)			<input type="checkbox"/> yes <input type="checkbox"/> no
Interest in a partnership			<input type="checkbox"/> yes <input type="checkbox"/> no

2. Business Interests - *continued*

Interest in private company(ies) yes no

3. Personal Property

	In your name	Spouse's name	In joint names
Bank accounts & GIC's	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Securities/bonds/shares	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Life insurance	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Pension plans & annuities	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
RRSPs & RRIFs	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Other substantial assets	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Are any of your assets located outside British Columbia? yes no

What and where?:

Part 3 – Will Instructions

1. Executor/Trustees

The Executor is the person(s) who is responsible for carrying out the instructions in the Will.

The Executor is responsible for settling your affairs. This usually involves selling some assets, preparing the final tax return, paying any outstanding debts, applying for the Canada Pension Plan death benefit, and distributing your estate.

An executor needs to be a reliable adult. Although the person does not need to live in BC, all procedures to settle the estate will be done in BC.

In choosing an Executor(s) choose:

1. someone you trust;
2. someone you think will outlive you; and
3. someone who is able to carry out the instructions in your Will.

Do NOT choose an Executor without confirming with them that they wish to accept the appointment.

	Full Legal Name	Address	Occupation	Compensation?
Primary Executor				<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____

	Full Legal Name	Address	Occupation	Compensation?
Alternate Executor (this person becomes Executor if the original Executor is unable or unwilling to act as your Executor)				<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____
Co-Executor (complete this only if you want 2 people to act as Executor at the same time)				<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____

Do you wish a majority of the trustees to be able to make decisions?

N/A yes no, all must act unanimously

2. Appointment of Guardian(s) for Infant Children

Do you have a child under 19? yes no

Do you anticipate having children? yes no

If you and your Spouse die, who do you want to be the Guardian(s) of your children until they turn 19?

Name: _____ Relationship to you: _____

	Full Legal Name	Address	Occupation
Primary Guardian			
Alternate Guardian (this person becomes Guardian if the original Guardian is unable or unwilling to act as Guardian)			
Joint Guardian (complete this only if you want 2 people to act as Guardians at the same time)			

3. Distribution of Estate

3.1 Personal Effects:

Do you have specific item(s) you wish to leave to a named individual; rather than be distributed as part of the residue of your Estate?

Description of item	Full name	Address	Relationship to you

3.2 Cash Legacy:
Do you wish to give a cash bequest to a specific individual?

Amount	Full name	Address	Relationship to you

3.3 Charitable Gifts:
Do you wish to give a specific bequest to a specific charity?

Cash amount/specific asset	Name of Charity	Charitable Reg. #	Address

3.4 Gift of Real Estate:
Do you wish to give a gift to a specific individual?

Description of item	Full name	Address	Relationship to you

- (a) Is there an existing mortgage on the property? yes no
- (b) If yes, do you want
 - The beneficiary to assume the mortgage?
 - Or
 - Your estate to pay off the mortgage?
- (c) Who pays any Property Transfer Tax on the transfer? Recipient Residue of Estate
- (d) Who is to bear income taxes (tax on capital gains) that may arise as a result of the deemed disposition of the asset? Beneficiary Residue of your estate

3.5 Residue
When you die, how is the balance of your estate, **after** giving the specific assets and cash bequests identified above, to be distributed?

*Section 2 of the **Wills Variation Act** states that “Despite any law or statute to the contrary, if a testator dies leaving a will that does not, in the court’s opinion, make adequate provision for the proper maintenance and support of the testator’s spouse or children, the court may, in its discretion, in an action by or on behalf of the spouse or children, order that the provision that it thinks adequate, just and equitable in the circumstances be made out of the testator’s estate for the spouse or children.”*

In this statute “spouse” means “a person who is married to another person or is living and cohabiting with another person in a marriage-like relationship, including a marriage-like relationship between persons of the same gender, and has lived and cohabited in that relationship for a period of at least 2 years.”

Primary beneficiary(ie)’s

Full name	Address	Relationship to you	%

Full name	Address	Relationship to you	%

If primary beneficiary(s) predeceases you, what becomes of their share?

Surviving beneficiaries?	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no
Deceased beneficiary's spouse?	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no
Deceased beneficiary's children?	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no
Held in trust until age of majority?	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no
Used for children's' maintenance until majority?	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no

Secondary beneficiary(ie)'s

Full name	Address	Relationship to you	%

If secondary beneficiary(s) predeceases you, what becomes of their share?

Surviving beneficiaries?	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no
Deceased beneficiary's spouse?	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no
Deceased beneficiary's children?	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no
Held in trust until age of majority?	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no
Used for children's' maintenance until majority?	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no

*Section 18 of the Notaries Act states, in part, that a Will drawn by a Notary Public must provide for the distribution of the estate "not later than the date when the beneficiary or beneficiaries or the youngest of the class attains majority". This Act is in the process of being updated to eliminate this Section, however, at the time of writing this is still the case. This means that, unless the law has changed, if you want a person's share of your estate to be held in trust until sometime **after** they reach the age of 19, we cannot prepare your Will.*

Notes and/or Questions:



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Power of Attorney:

A **Power of Attorney** is a legal document in which you appoint a trusted person to make **financial and legal** decisions on your behalf. This is extremely important in the event you become incapacitated, if you travel, or if you need someone to help you handle your affairs.

	Full Legal Name	Address	Occupation	Compensation?
Primary Attorney				<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____
	Full Legal Name	Address	Occupation	Compensation?
Alternate Attorney (this person becomes Attorney if the original Attorney is unable or unwilling to act)				<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____
Co- Attorney (complete this only if you want 2 people to act as Attorneys at the same time , or whichever one is available (indicate which))				<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____
Do you wish a majority of the attorneys to be able to make decisions? <input type="checkbox"/> N/A <input type="checkbox"/> yes <input type="checkbox"/> no, all must act unanimously <input type="checkbox"/> no, whichever one is available as long as they keep the other(s) informed as to their actions				

Representation Agreement:

A **Representation Agreement** is a legal document between you and a trusted person to make, or help you make **personal care and health care** decisions. If you become incapacitated, this is the person(s) who will make health care decisions and choose the appropriate place for you to live. If you do not have a Representation Agreement, the default short term substitute decision makers are: spouse, children, parents, siblings.

	Full Legal Name	Address	Occupation	Compensation?
Primary Representative				<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____
	Full Legal Name	Address	Occupation	Compensation?
Alternate Representative (this person becomes Representative if the original Representative is unable or un-willing to act)				<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____
Co- Representative (complete this only if you want 2 people to act as Representatives at the same time , or whichever one is available (indicate which)				<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____
<p>Do you wish a majority of the Representatives to be able to make decisions? <input type="checkbox"/> N/A <input type="checkbox"/> yes <input type="checkbox"/> no, all must act unanimously <input type="checkbox"/> no, whichever one is available as long as they keep the other(s) informed as to their actions</p>				